

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 11/26/01.
 - b. The request was received on 07/09/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. TWCC 62 forms
 - d. Description of supply
 - e. EOBs from other carriers
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. TWCC 62 forms
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/05/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/05/02. The response from the insurance carrier was received in the Division on 08/19/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: 07/23/02 "We have submitted a claim to the Carrier for date of service 11-26-01 for one liter of aloe liniment. Total dollar amount in dispute is **\$54.73**. The disputed issue is that the Carrier has denied the claim reimbursement for this procedure is included in the basic allowance of another procedure...The expected out come of this issue is that we feel the claims should be paid. The Carrier paid for stimulator supplies for that date of service that includes electrodes and batteries. However, the aloe is not needed in order for the stimulator to work [sic] it is an individual item not related to the stimulator in any way. We have included a detailed description of this item for your review."

2. Respondent: 08/16/02
 “The requestor, a durable medical equipment provider, billed the carrier for the rental of a muscle stimulator/TENS unit (E1399), initial supplies (E1399) and a pad described as a [sic] ‘alt [sic] h/c non-elec [sic] low back lg [sic]’ (E1399), along with aloe liniment billed E1399 (a non-equipment item charge). The carrier reimbursed the requestor for the equipment and for the monthly supplies, but denied the remaining supply charge for the aloe liniment. This denial was consistent with the DME Fee Ground Rules concerning maximum monthly reimbursement supplies.”

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/26/01.
- Per the provider’s TWCC-60, the amount billed is \$54.73; the amount paid is \$0.00; the amount in dispute is \$54.73.
- The carrier denied the billed charges by denial code, “G – REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/26/01	E1399 aloe liniment	\$54.73	\$0.00	G	DOP	MFG DME GR (II), (IV)	In accordance with MFG DME GR (II), “The carrier shall reimburse for the purchase or rental of DME and supplies provided that all such items are approved by the injured worker’s doctor....” When no other HCPCS code is available for DME or supplies, code E1399 will be used. The provider submitted a description of the supply in dispute. The aloe liniment is not global to any other code in dispute. Reimbursement in the amount of \$54.73 is recommended.
Totals		\$54.73	\$0.00				The Requestor is entitled to reimbursement in the amount of \$54.73.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$54.73 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 17th day of March 2003.

Donna M. Myers
 Medical Dispute Resolution Officer
 Medical Review Division

DMM/dmm